

INDIANA ENVIRONMENTAL STEWARDSHIP PROGRAM ANNUAL PERFORMANCE REPORT

State Form 53475 (11-07)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
ENVIRONMENTAL STEWARDSHIP PROGRAM

Indiana Department of Environmental Management

Office of Pollution Prevention and Technical Assistance 100 North Senate Avenue IGCS W041 Indianapolis, IN 46204-2251 Telephone: (800) 988-7901

FAX: (317) 233-5627 E-mail: esp@idem.IN.gov www.in.gov/idem/prevention/esp

When to use this annual report form ...

STOP! Is your facility a member of the U.S. Environmental Protection Agency's National Environmental Performance Track <u>and</u> Indiana Environmental Stewardship Program? If so, please use the U.S. EPA National Environmental Performance Track Annual Performance Report form available at http://www.epa.gov/performancetrack/program/report.htm. The U.S. EPA will notify IDEM after receiving your annual performance report.

GO! Please use this annual report form if you are <u>only</u> a member of the Indiana Environmental Stewardship Program and <u>not</u> a member of the National Environmental Performance Track. Your Annual Performance Report should be reviewed and signed by a senior manager at your facility prior to submittal. Once signed, fax, mail, or e-mail the report to IDEM. If you have any questions, please contact the ESP Program Manager at 800-988-7901.

The Indiana Environmental Stewardship Program (ESP) Annual Performance Report should demonstrate progress toward objectives and targets AND certify ESP requirements continue to be achieved. The Annual Performance Report should cover the twelve (12) month calendar year and include the status of projects committed to in your facility's original ESP application, results of completed projects, and assurance that an annual internal environmental management system audit was conducted by your facility. <u>Indiana ESP facilities must submit an Annual Performance Report by April 1st of every year, for each calendar year in which the entity has been a member for at least three (3) full months.</u>

Please do not include any confidential business information in your Annual Performance Report. Public access laws require IDEM to make the Annual Performance Report publicly available, which may include posting ail portions of your report on the Indiana ESP Web site.

CARLITY DEPONATION
SECTION A FACILITY INFORMATION
Name of Facility BERT R. HUNCILMAN & SON, INC.
Name of Parent Company (If applicable)
11
Street Address (number and street)
2042 MCDONALD AVE 18
City/State/ZIP Code NEW ALBANY IN 47150
Facility/Company Web site
WWW. HUNCILMAN, COM
CONTACT INFORMATION
Contact Name (Mr./Mrs./Ms./Dr.)
STEVE DOANE
CONTINUOUS IMPROVEMENT ADMINISTRATOR
Telephone number
812-945-3544
FAX number (C A A (C) A A A
812/118-2133
E-mail address
Mailing Address (if different from facility address) Mailing Address (if different from facility address)
Walling Address (if different from facility address)
City/State/ZIP Code
Reporting Period Dates
If this is your third Annual Performance Report, do you wish to renew your Indiana Environmental Stewardship Program membership?
Yes—If yes, please complete all sections of this annual report.
A so hypot, process out the same and the sam
☑ No—If no, you can skip Section D of this annual report.
CHANGE IN INFORMATION
In your ESP application and, perhaps, in previous annual performance reports, you described what your facility does or makes. Have there been any
changes or additions to your facility's list of products or activities? If so, please list them in the space below.
☐ Yes ☑ No

Why do we need this information? DEM needs information on the performance and assessment	MENT SYSTEM ASSESSMENT What do you need to do? Please summarize your facility's EMS assessments.
activities of your Environmental Management System (EMS) 1. Is your facility currently registered to a recognized third-party EMS standard? Yes a. If yes, when was an EMS audit or other assessment last conducted by an independent third party at your facility? Please provide the type (e.g., ISO 14001 certification), scope, and month of the last assessment.	Year: 2008 Type: i501400し Scope: アミス・ロフ・レ AUDIT Month: ブスャリスアソ
 b. If no, when was an internal or corporate EMS audit last conducted at your facility? Please provide the scope and month of the last assessment. 	Year: Scope: Month:
 When did your facility last conduct an internal or corporate compliance audit? Please provide the scope and month(s) of each audit, and indicate who conducted the audit(s) (e.g., facility staff, corporate groups, third party). Do not include audits, inspections, or site visits by regulatory organizations. 	Year: 2008 Scope: ISOIHOO! (4,83) INTERNAL AUDIT Month(s): PEBRUARY Who: GARY HUFF
 (Optional) Please describe any other audits that were conducted at your facility. 	WE CONTINUOUSEY PERFORM EMS INTERNAL AUDIT
4. Has your facility corrected all instances of potential non-compliance and EMS non-conformance identified during your audits and other assessments? VI Yes	SECONDARY CONTAINMENT HAS BEEN INSTAILED IN & DIFFERENT LOWATIONS TO PREVENT SOIL POLLUTION SHOULD AN
 a. If yes, briefly summarize corrective actions taken and other improvements made as a result of your EMS assessment(s) or compliance audit(s). 	OIL SPILL OCCUP.
No b. If no, please explain your plans to correct these instances.	
☐ No such instances identified.	
5. Explain the emergencies experienced within the facility during the past year. Were the applicable emergency and contingency plans detailed in the EMS effective? What changes, if any, have been made to your facility's emergency or contingency plans?	WE HAD A COUPLE OF "SMOKE EVELTS" DUE TO FINTRATION ISSUES. WHICH WE HAVE RESOLVED WITH NEW FILTERS Monthyyear MAY 2007
6. When was the last Senior Management review of your EMS completed?	CONO NUOUS IMPROVEMENT ADMINISTRATOR
7. When did your facility last conduct a systematic identification or review of your environmental aspects?	Month/Year: FEBRUARY - 2008
10. (Optional) Please provide a narrative summary of progress made toward EMS objectives and targets other than those reported as an Environmental Performance Initiative in the following section. You may limit the summary to environmental aspects that are significant	Environmental Aspect Progress Made This Year (e.g., quantitative or qualitative improvements, activities conducted)
and towards which <i>progress</i> has been made during the last calendar year. Attach additional sheets as necessary.	CONTAINMENT APPROVED GAS CANS
	POTENTIAL FOR PROVIDED SECONDARY OIL SPILL CONTAINMENT
	EMPTIED OIL AND RECYCLED LUBRICANT CONTAINERS

	EDUCTION			
Aspect: UATUZAL RE Specific Information on Aspect (opt	ional):			<u></u>
opecine morniadon on rispect (op-	Baseline	Progress during year	Environmental Improvement Initiative Goal	Cost Savings (if applicable)
Actual Quantity (per year)	3113000	3058.000	5%	\$20,282
Measurement Unit	KWH		2,954,445 KWh	
Normalized Quantity (per year)				13%
Basis for your Normalizing Factor (e.g., gallons of paint produced)				
Briefly describe how you achieved WE PURCHASED AND OUR SANES INCRE	INSTAMED A MI ASED AT THE	REFUERGE SAME TIME	Y EFFICIENT CO E AFFECTING TH	MPRESSOR, ELWERGY USAGE,
Please list any state, EPA, or othe	partnership programs to whi	ch you are reporting this data (e.g., Energy Star, Project XL).	
(Optional) If your facility has expert those results here.	enced continued results for e	nvironmental improvement init	iatives pursued in past years of ES	SP membership, please share
Facilities need to demonstrate their			Refer to the En	vironmental Performance Table
improving environmental performa For ESP membership, you must id the application and the remaining y questions. Choose an indicator fro Performance Indicator Table is pro select for your initiative should be environmental impact in your EMS sure how your objectives and targe IDEM at 800-988-7901. Please complete the following que information is required for air, haza 1a What category have you select please turn to Appendix 1 to EN CONTROLL 1b What indicator have you select for All measurements should repre focus your initiative on a specifi	entify three (3) environmental will be identified each year in om the Environmental Performation with the ESP Application related to the objectives and to the No more than two of your in ets fit into the indicators from the Environmental Performance additional questions according to the environmental Performance to the Environmental Performance level for subset of the indicator (e.g. initiative include everything contents and the environmental Performance level for the environmental Performance level for subset of the indicator (e.g. initiative include everything contents and the environmental Performance level for the environmental Performance level for the environmental Performance level for subset of the indicator (e.g. initiative include everything contents and the environmental Performance level for the environmental Performance	the annual report. Identify the nance Indicator Table to meast on and is also available at http:// .argets in your EMS. Where pondicators can be from the same the Environmental Performance on the Environmental Performance Table? (If the category indicators as requested the environmental to the category you be reformance Table?	ch 3-year membership term. One new initiative that will begin this yeure the identified environmental init/www.in.gov/idem/prevention/esp. possible, indicators should also be it environmental category during the Indicator Table or whether your of from the Environmental Performated in Appendix 1.	(1) initiative was identified in ear by answering the following tiative. The Environmental /table.doc. The indicator you dentified as having a significant in 3-year term. If you are not indicators are significant, call ance Indicator Table. Additional Emissions for Total GHGs,
Improving environmental performa For ESP membership, you must id the application and the remaining of questions. Choose an indicator fro Performance Indicator Table is pro select for your initiative should be a environmental impact in your EMS sure how your objectives and target IDEM at 800-988-7901. Please complete the following que information is required for air, haze 1a What category have you select please turn to Appendix 1 to the What indicator have you select focus your initiative on a specific waste component). Does your substance, or component (e.g. TAII Specific	entify three (3) environmental will be identified each year in om the Environmental Performation on the Environmental Performance to the objectives and to the objectives and to the objectives and to the objectives and to the indicators from the fit into the indicators from the environmental Performance to the environmental Perfo	the annual report. Identify the nance Indicator Table to meast on and is also available at http:// dargets in your EMS. Where pondicators can be from the same the Environmental Performance of the Environmental Performance of the Environmental Performance Table? (If the category indicators as requested the energy indicators as requested the performance Table? (If the category you performance Table? (If the category your performance Table?) (If the category your performance Table	ch 3-year membership term. One new initiative that will begin this year the identified environmental initiative the identified environmental initiative. In idea to be identified environmental initiative that will be indicators should also be identified environmental category during the endicator Table or whether your in from the Environmental Performance of in Appendix 1. If from the Environmental Performance in Appendix	(1) initiative was identified in ear by answering the following titative. The Environmental /table.doc. The indicator you dentified as having a significant ie 3-year term. If you are not indicators are significant, call ance Indicator Table. Additional Emissions for Total GHGs, a may choose to or particular of the process, or a specific process.

CERTIFICATION AND PLEDGE

On behalf of

(name of facility),

BERT R. HUNGAMAN & SOW, INC.

I certify that the information contained in this Annual Performance Report and attachments is accurate to the best of my knowledge and that this facility is, to the best of my knowledge and based on reasonable inquiry, currently in compliance with all applicable federal, state, and local environmental requirements, or has a corrective action program in place to attain compliance.

We, BRW, commit to maintaining the principles and goals outlined in our Environmental Management System for our facility's Indiana Environmental Stewardship Program status. We agree to strive for full compliance with all regulations promulgated by the U.S. EPA, state, or local jurisdictions. We agree to promote the Indiana Environmental Stewardship Program and to share our success stories with other facilities. We understand that the Annual Performance Report must be submitted to IDEM by April 1st of each year and that we must reapply to the Indiana Environmental Stewardship Program every three years.

I understand that the information provided in this Annual Performance Report will be public record. I am the senior facility manager or authorized facility signatory, and fully authorized to execute this statement on behalf of the corporation or other legal entity whose facility is submitting this Annual Performance Report.

Signature

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Title ONTINUOUS IMPROVEMENT ADMIL Date (month, day, year) クラ/ろ(/0

Please mail, fax, or e-mail your completed Environmental Stewardship Program Annual Performance Report to:

IDEM-OPPTA ESP Program Manager MC 64-00 IGCS W041 100 North Senate Avenue Indianapolis, IN 46204-2251

FAX: 317-233-5627 E-mail: <u>esp@idem.IN.gov</u>

3a What units are you using to quantify this indicator? (Please refer to the Environmental Performance Indicator Table for the acceptable units for each indicator.)
36 List the baseline annual quantity of the indicator and the annual quantity you are committing to achieve by the future year. Baseline quantity (not including production) Year 2007 Year 2007
4 Does the quantity presented in the future quantity column represent an absolute goal or a normalized goal?
Absolute goal (i.e., demonstrates improvement even if production increases)
5 Whether your goal is absolute or normalized, you will need to provide normalizing factors and normalized quantities in your annual performance reports. Please briefly describe your basis for normalizing. Examples of potential normalizing basis include: gallons of paint produced, square feet of circuit boards sold, number of patients seen, dollars of sales adjusted for inflation, or number of employees (for R&D and administrative sites only). ENERGY COST SAVINGS BASED ON USAGE AND SAGES,
6a Are you subject to Federal, State, tribal, or local regulatory requirements for this indicator? ☐ Xes ☑ No
6b If yes, explain how your initiative exceeds regulatory requirements.
SECTION E PUBLIC OUTREACH AND PERFORMANCE REPORTING Why do we need this information? IDEM needs to know how environmental Describe how the facility has shared and plans information was shared with the public. The public outreach and performance information was shared with the public.
Please briefly describe the activities that your facility conducted during this reporting period to interact with the community on environmental issues and to report publicly on its environmental performance. Feel free, but not obligated, to attach supporting materials (e.g., meeting agendas, public announcements). NH
Please indicate which of the following methods your facility plans to use to make its ESP Annual Performance Report available to the public. Please check as many as appropriate.
☐ Website (http://www.)
☐ Open House
☐ Meetings
Press Releases
☐ Community Advisory Panel
☐ Other
ADDITIONAL INCORMATION AND ADDITIONAL ADDITIONA
SECTION F Why do we need this information? This information will help IDEM to effectively manage the Environmental Stewardship Program. In addition to ESP, please list environmental awards received or voluntary programs participated in during the past twelve months (include
information about each particular program).
2. Has your facility taken advantage of any ESP incentives? If so, please describe the implementation process and list additional benefits IDEM should consider.
3. If your facility was not registered to the ISO 14001 standard prior to becoming an ESP member, has ESP helped you to pursue registration? If so, how has ESP been instrumental in achieving registration? ALREADY ISOIHOOL CERTIFIED.
4. Explain the measured or perceived results from receiving, documenting, and responding to external communication. 3RD PART ASSESS MENTS PROVIDE "FRESHEYES" TO OUR SYSTEM.
5. How have community residents and businesses reacted to your facility participating in the Indiana Environmental Stewardship Program? THEY HAVE NOT BEEN INTERNET YET, WE WING ANABULKE WATER THE
6. According to the measurement program developed and implemented by your facility to measure Environmental Management System success, is your facility's EMS successful? Why or why not? If not, what changes will be made to ensure continual environmental improvement and future EMS success? YES ~ WE CONTINUE TO COMPLY WITH ISOMOOF REQUIREMENTS HAND MAKE IMPROVEMENTS TO BUR SYSTEM.
IAND MAKE IMPROVEMENTS TO BUK SYSTEM.

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ENVIRONMENTAL PERFORMANCE DATA

Additional questions for environmental improvement initiatives for the following categories/indicators:

	Non-Trans	

In the table below, please enter the amount of energy that you currently use and that you intend to use in your future reporting year. Break the energy use down by fuel type. Please note that you need only complete those lines that are relevant to your facility. If all of your energy is purchased from a local electricity generator, you may only need to complete the first line. If the facility uses natural gas, please be sure to complete the appropriate line (natural gas is typically combusted on site so it is listed in the "onsite" section).

Please note that this table categorizes sources of energy according to where the energy is generated.

3a	Is the goal of your energy use commitment to:
	Reduce total energy use
	☐ Invest in renewable energy sources
	Combination of both strategies

3b How much energy of each type does your facility use?

······································		Baseline Year	Future Year	Units
		20_07	20 🗷	,
Energy	Electricity	3058000	3,027,420	Kyitt
Generated	Steam		/ *** // !	
Off-Site	Total Energy Generated Off-Site	And A factor of the Special and all the factors and the factor		
	Coal			
	Natural Gas			
	Crude Oil			
	Fuel Oil			
	Diesel		THE RESIDENCE OF THE PROPERTY	
	Propane / LPG	~~ ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
	Gasoline	**************************************		
Sources of Energy	Hydrogen Powered Fuel Cells	A		
Generated On-Site	Natural Gas / Methane Powered Fuel Cells			
on one	Biomass			
	Solar			
	Wind			
	Landfill Gas			
	Geothermal			
	Hydroelectric			
	Tire Derived Fuel			
	Other Fuel or Source			
	Specify:			
	Total Energy Generated On-Site			
Total Renew	vable Energy Use			
	enewable Energy Use			
Total Energy	y Use			
	of CO2 Equivalents			<u> </u>
Metric Tons	of CO2 Equivalents			
Offset.	Through Purchases of Electricity	1		
	rable Off-Site Sources			
Net Metric T	ons of CO2 Equivalents			<u> </u>

ct nor product packaging.			
the goal of your non-hazardous waste com Reduce non-hazardous waste	mitment to:		
Improve waste management methods Combination of both strategies	W/A		
ow much of your waste is handled using eac	ch management method?		
Method of Waste Managed	Baseline Year	Future Year	Units
	20	20	
Landfill			
Incineration			
Reused/recycled off-site			
Other management - Specify:			
Total Non-Hazardous Waste			
Improve waste management methods Combination of both strategies ow much of your hazardous waste is handle	W/A ed using each management method?		
Method of Waste Managed	Baseline Year 20	Future Year 20	Units
Landfill			
Incineration			
Reused/recycled off-site			A
Treated on-site		- L	
Treated on-site Other management			
Other management Specify:			
Other management			
Other management Specify:			

☐ Reduce e ☐ Reduce p ☐ Combinat	our Total GHGs commitment to:	h source?		
	Source	Baseline Year 20	Future Year 20	Units
	Stationary Combustion	20	20	
	Mobile Sources			
	Refrigeration/AC Equipment Use			
Direc	Process/Fugitive			
Emissio	Process/Fugitive Specify Source:			
	Process/Fugitive Specify Source:			
	Total Direct Emissions Process/Fugitive			
	Purchased Electricity			
Indire	1			
Emission				
	Total Indirect Emissions			
Optior	Other Specify Source:			
Indire				
Emissi	Ons Other Specify Source:			
	Total Optional Indirect Emissions Offsets			
	Specify Source: Offsets			
0.00	Specify Source:			
Offse	Specify Source:			
	Total Reductions from Offsets			
	Total Emissions Less Offsets Total CFC			
	Total HCFC			
Supplem	Total Stationary Combustion – Biomass CO2			
Informa	tion Total Mobile Sources – Biomass CO2			
	Electricity trading transactions- Electricity Purchase for Resale			